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Achieving Optimum Results in Rhinoplasty

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Rhinoplasty, surgery

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The growing concern is largely focused on the psychological grounds that persuade patients to undergo nose jobs vis-à-vis the selection criteria to be followed by surgeons.

To this end, several psychological considerations have been drawn out among which are: the feelings of the individual derive from the presence of an actual deformity or from the mere subjective feeling of one; the nature and magnitude of the limitations on the patient's desire to get rid of the deformity; and, the conflicts deriving from the contrast between subjective ideas of deformity and perfection and what can actually be achieved through surgery.

Some patients couldn't care less and would quickly submit that rhinoplasty procedure is an expression of the surgeon's experience, skill and aesthetic taste. This is partly true especially for cosmetic surgeons who have keen sense for aesthetics.

The seemingly conflicting points of view are being addressed with appropriate and collaborative planning of surgery which is crucial to achieve optimal results or meeting, as far as possible, the patient's aesthetic expectations.

The pre-operative interview or evaluation gives the patient and the surgeon the chance to discuss their different and crucial points of view such as the margins of variability compared to the expected outcome, and possible complications independent of the technical procedure.

On top of the process is a careful analysis of the parameters and proportions of the face which are considered reference points for male and female beauty. Next, patient should be made to understand that his/her subjective want to modify his/her appearance according to his/her own aesthetic criteria and desires should meet certain criteria to guarantee harmony and objective proportions.

More often, it is often difficult for the surgeon to explain in comprehensible terms for the patient the technical concepts based on specific anatomical references. The use of photographic images and illustrations would contribute to a mutual understanding.

The advent of digital imaging presents numerous advantages inasmuch as they are more convenient. Both the surgeon and the patient can be meticulous to a fault because computers make it possible to acquire, store and catalog images and technical outlines of rhinoplasties. Also, there are versatile and powerful application programs available to effectively highlight surgical alternatives, and generally aid in providing reliable result-driven data.

From a "clinical" point of view, this technique offers the possibility of producing an image which is very close to reality, in the same light, it "forces" the surgeon to achieve 'agreed' result.

However, using this technique, the patient will have to be informed, in specifics, about the possible outcome that may differ considerably from the virtual reconstruction. It is best to present a broad range of results, including second-rate or standard results.

Conversely, the patient should liberally express his/her comprehension of the matter and his/her consent.

The general opinion, as in all plastic surgery procedures, lies in the fact that patients may be relieved of their psychological distress only if the expected results discussed with the surgeon are achieved.

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